

**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>11788</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Steven W Preckwinkle</u> P.O. Box, Bldg., Room No., if any Street <u>4009 Stone Bridge Rd</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62711-8169</u>	4. Name, file number, and address of labor organization. Name <u>Illinois Federation of Teachers</u> Labor Organization File Number <u>509-974</u> P.O. Box, Building and Room Number, if any Street <u>500 Oakmont Lane</u> City <u>Westmont</u> State <u>Illinois</u> ZIP Code + 4 <u>60559</u>
5. Position in labor organization. <u>Director of Political Activities</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (exceptions specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-15-2005

Date

217 544 8562

Telephone Number

Name of Person Filing Steven Preckwinkle	File Number U-
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B. Held an interest in or derived income, or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name BlueCross BlueShield Illinois Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 East Randolph City Chicago State Illinois ZIP Code + 4 60601	14.a. Nature of payment. 3/9/2004: AFL-CIO Golf Outing
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$218</div>